

**UNITED STATES DISTRICT COURT OF THE VIRGIN ISLANDS
BANKRUPTCY DIVISION**

COMPLAINT

**FOR CIVIL RACKETEERING, CIVIL VIOLATIONS OF THE CRIMINALLY
INFLUENCED AND CORRUPT ORGANIZATIONS ACT, FOR DEPRIVATION OF
CIVIL RIGHTS UNDER THE COLOR OF LAW AND FOR OTHER RELIEF**

EXHIBIT 2

PL BENTA'S SEPTEMBER 3, 2011, POLICE REPORT OF THE JULY 29TH EVENTS

V. I. POLICE DEPARTMENT - United States Virgin Islands

Page 1 of 3

OFFENCE
REPORT

Desc Exhibit Exhibit 2 Police Report Page 2 of 4

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|--|--|---|--|---------------|--|---------------------------|---|--------------------|--|------|--|------|--|--|-------------------------------|--|--------------------------------|--|-------------------------------|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| 1. OFFENSE/INCIDENT Police Assistance | | 2. ZONE C R/A W-1 P/S 2 | 3. DR# 11 A-09012 4. ARREST# 5. UCR# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. COMPLAINANT'S NAME - FIRM OR BUS. PROSSER, Jeffery | | 7. HOME ADDRESS #5 & 10 Shoys | | 8. HOME PHONE 561-346-6328 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. SEX M | 10. D.O.B. 09/19/56 | 11. RACE WHIT | 12. POB Nebraska | 13. SSN | 14. OCCUPATION Self Employed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. BUS. ADDRESS OR SCHOOL ATTENDING BUSINESS OWNER | | | | 16. BUS/SCH PHONE OAK | 17. LOCATION OF INCIDENT (Address) #5 & 10 Shoys | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. TIME OF OCCURRENCE 9:30 AM | | M 07 | D 29 | Y 11 | DAY OF WEEK Friday | & | TIME 10:30 AM | M 07 | D 29 | Y 11 | DAY OF WEEK Friday | 19. TIME REPORTED 3:04 PM | M 09 | D 03 | Y 11 | DAY OF WEEK Saturday | | | | | | | | | | | | | | | | | | | | | | | |
| 20. BY WHOM BENTA, Oakland | | | | 21. ADDRESS OF REPORTING PERSON #5 & 10 Shoys | | | | 22. PHONE # 340-642-7766 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. DESCRIPTION N/A | RACE N/A | AGE | HT. | WT. | EYES | HAIR | BUILD | COMPLEXION | BEARD, MUSTACHE, SIDEURNS | HAT | COAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. SHIRT N/A | | PANTS | | 25. OTHER | | | | MENTAL CONDITION | | PHYSICAL CONDITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. SCARS, MARKS, DEFORMITIES | | 27. GLASSES (Describe) | | 28. LAST SEEN WHERE | | | | 29. IN COMPANY OF | | 30. PROBABLE DESTINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. CAUSE OF ABSENCE | | 32. Vehicle DESCRIBE | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | 33. MISSING PREVIOUSLY | | 34. IF YES, DATE/WHERE LOCATED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANIMAL (If persons injured, also Complete Injury Section) | | 35. DESCRIPTION OF ANIMAL | | | | 36. IF ANIMAL BITE, GIVE INOCULATION NO. | | | | 37. LICENSE NO. | | 38. DISPOSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. OWNER N/A | | 40. RESIDENCE ADDRESS | | | | 41. RESIDENCE PHONE | | | | 42. BUSINESS PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43. <input type="checkbox"/> INJURY | | 44. NATURE OF INJURY AND LOCATION ON BODY FACH | | | | 45. TRANSPORTED TO | | | | 46. TRANSPORTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. <input type="checkbox"/> ADMITTED | | <input type="checkbox"/> RELEASED | | 48. PROBABLE CAUSE OF INJURY OR DEATH | | | | 49. PHYSICIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATUS OF VEHICLE, USE APPLICABLE ITEMS IN THIS SECTION FOR ALL "AUTO THEFT" OR "VEHICLE REPORTS" OR OTHER TRANSPORTATION-- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50. STOLEN | | RECOVERED | | <input type="checkbox"/> ABANDONED | | <input type="checkbox"/> IMPOUNDED | | <input type="checkbox"/> CONFISCA | | 51. POINT OF ENTRY: <input type="checkbox"/> LOCKED DOOR | | | | <input type="checkbox"/> UNLOCKED DOOR | | <input type="checkbox"/> WINDOW | | <input type="checkbox"/> VENT | | <input type="checkbox"/> TRUNK | | <input type="checkbox"/> HOOD | | | | | | | | | | | | | | | | | |
| 52. METHOD OF THEFT (Crossed wires, tinfoil, etc.) | | | | | | | | 53. KEYS IN IGNITION <input type="checkbox"/> YES | | | | 54. DESCRIBE EVIDENCE OF STRIPPING, TAMPERING, DAMAGE TO AUTO <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55. COLOR | | 56. YR/MAKE/MODEL/TYPE | | | | | | 57. VIN | | | | 58. YR/STATE/LIC PLATE NO./STICKER NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. VALUE | | 60. TOWED BY/WHERE | | | | | | 61. Time/date Recovered/location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. IN COMPANY | | | | | | | | 63. TYPE OF PROPERTY DAMAGE | | | | 64. VALUE OF PROPERTY DAMAGE/LOSS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65. Narcotics Type N/A | | 66. Quanty | | | | | | 67. Fd. Test By | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68. TYPE PREMISE WHERE OFFENSE OCCURRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Residence #5 & 10 Shoys | | | | | | | | 74. TOOL | | | | | | | | 76. METHOD USED | | | | | | | | 78. GUN FEATURES | | | | | | | | | | | | | | | |
| B. Non-Residence | | | | | | | | <input type="checkbox"/> Pry Bar / Crowbar <input type="checkbox"/> Screwdriver <input type="checkbox"/> Knife / Cutting Instrument <input type="checkbox"/> Hammer / Mallet Device <input type="checkbox"/> Bolt Cutter <input type="checkbox"/> Key <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> Break Window / Door Glass <input type="checkbox"/> Jimmy Door / Window <input type="checkbox"/> Burned <input type="checkbox"/> Punched <input type="checkbox"/> Removed <input type="checkbox"/> Cutting / Stabbing <input type="checkbox"/> Strong Arm <input type="checkbox"/> Striking / Biting <input type="checkbox"/> Verbal Threat <input type="checkbox"/> Shooting <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> 01. Automatic <input type="checkbox"/> 02. Revolver <input type="checkbox"/> 03. Double Barrel <input type="checkbox"/> 04. Single Barrel <input type="checkbox"/> 05. Long Barrel <input type="checkbox"/> 06. Short Barrel <input type="checkbox"/> 07. Sawed Barrel <input type="checkbox"/> 08. Bolt Action <input type="checkbox"/> 09. Altered Grip <input type="checkbox"/> 10. Chrome Grip <input type="checkbox"/> 11. Blue <input type="checkbox"/> 12. Small Caliber <input type="checkbox"/> 13. Large Caliber <input checked="" type="checkbox"/> Other... | | | | | | | | | | | | | | | |
| 69. POINT OF ENTRY | | | | | | | | 72. PROTECTIVE DEVICE | | | | | | | | 77. WEAPON | | | | | | | | 79. DOCUMENT | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adjacent Premise <input type="checkbox"/> Window <input type="checkbox"/> Door - Sliding Glass <input type="checkbox"/> Roof <input type="checkbox"/> Garage <input type="checkbox"/> Hallway <input type="checkbox"/> Patio <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> Dog <input type="checkbox"/> Alarm <input type="checkbox"/> Professional Security Patrol <input type="checkbox"/> Normal Locking Devices <input type="checkbox"/> Lighting Device <input type="checkbox"/> T.V. Camera <input type="checkbox"/> None <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> Hands / Feet <input type="checkbox"/> Pocket Knife <input type="checkbox"/> Machete <input type="checkbox"/> Handgun <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Rook <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> N/A | | | | | | | | | | | | | | | |
| 70. LOCATION OF ENTRY | | | | | | | | 73. PROPERTY TYPE | | | | | | | | 75. EVIDENCE | | | | | | | | 81. REPORTING OFFICER NAME & BADGE NO. Hofc Malissa Fraser 124 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Unk North | | | | | | | | <input type="checkbox"/> Currency <input type="checkbox"/> Jewelry <input type="checkbox"/> Clothing <input type="checkbox"/> Office Equipment <input type="checkbox"/> Television, Radios, Cameras, Etc. <input type="checkbox"/> Firearms <input type="checkbox"/> Household Goods <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> Left Note <input type="checkbox"/> Bloodstains <input type="checkbox"/> Toolmarks <input type="checkbox"/> Fingerprints <input type="checkbox"/> Footprints <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other... N/A | | | | | | | | <input type="checkbox"/> VICTIM <input type="checkbox"/> PERPETRATOR <input type="checkbox"/> WITNESS N/A | | | | | | | | 82. APPROVING OFFICER PRINT & SIGNATURE Sgt. Robert M. Williams 1249 | | | | | | | |
| 71. LOCATION OF EXIT | | | | | | | | 83. REPORTING OFFICER RECOMMENDS FOLLOW-UP | | | | | | | | 84. REVIEWER'S SIGNATURE & TITLE D. O'Day | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Unk North | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85. SECOND OFFICER NAME & BADGE NO. Hofc Joshua Williams 737 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86. REVIEWER'S SIGNATURE & TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(1) **N/A**

Name, Address, Phone No.

(2)

Name, Address, Phone No.

(3)

Name, Address, Phone No.

(4)

Name, Address, Phone No.

100. SOLVABILITY FACTORS

N
Yes No Unk

01. Can suspect vehicle be identified?
 02. Is stolen property traceable?
 03. Was physical evidence collected?
 04. Is specific MO present?
 05. Is victim willing to prosecute?
 06. Was an arrest made?
 07. Can suspect be named?
 08. Can suspect be identified?
 09. Can suspect be described?
 10. Can suspect be located?
 11. Is suspect related to victim?
 12. Was there a witness?

87. SEX

01. Male
 02. Female

92. HEIGHT

01. Over 6'3"
 02. 6'0" - 6'3"
 03. 5'9" - 6'0"
 04. 5'6" - 5'9"
 05. 5'3" - 5'6"
 06. 5'0" - 5'3"
 07. Under 5'0"

95. HAIR

01. Bald Head
 02. Black
 03. Blonde or Strawberry
 04. Brown
 05. Gray or Partial Gray
 06. Red or Auburn
 07. Sandy
 08. White
 09. Looks
 10. Unknown

N/A

98. SUSPECT BEHAVIOR

01. Threat of Bodily Harm
 02. Threat of Property Loss
 03. Tied or Locked up Victim
 04. Did Considerable Talking
 05. Did Little or No Talking
 06. Acted Nervous or Excited
 07. Acted Calm or Deliberate
 08. Disguised or Masked
 09. Used Lubricant
 10. Malicious Destruction
 11. Used Tools Found at Scene
 12. Ate/Drank on Premises
 13. Defecated
 14. Perspired
 15. Unusual Odor
 16. Other _____

88. RACE

01. White
 02. Black

93. EYES (Color)

01. Black
 02. Blue
 03. Brown
 04. Gray
 05. Green
 06. Hazel
 07. Maroon
 08. Pink
 09. Unknown

96. HAIR STYLE

01. Afro
 02. Long, Straight
 03. Long, Curly
 04. Short, Straight
 05. Short, Curly
 06. Receding
 07. Toupee
 08. Wig
 09. Bald, w/Fringe
 10. Locks

99. MODUS OPERANDI OF SUSPECT

01. Bound Comp/Victim
 02. Used Note
 03. Prostitution Involved
 04. Used Lookout
 05. Apologetic
 06. Made Gestures
 07. Sex Acts Involved
 08. Used Stolen Vehicle
 09. Shots Fired
 10. Used Comp/Victim Name
 11. Used Other Familiar Name
 12. Other _____

89. AGE

01. Under 18
 02. 18-25
 03. 26-35
 04. 36-50
 05. Over 50

90. BUILD

01. Short
 02. Medium
 03. Muscular
 04. Large
 05. Slim

91. CLOTHING

01. Hat
 02. Coat
 03. Shirt, Blouse
 04. Trousers, Skirt
 05. Shoes

94. FACIAL HAIR

01. Mustache
 02. Beard
 03. Sideburns
 04. Heavy Eyebrows
 05. Clean Shaven

97. VOCAL IDENTITY

01. Foreign
 02. Southern
 03. Fast clipped
 04. West Indian
 05. Slurred
 06. Stutters
 07. Deep Pitch
 08. High Pitch

101. RECOMMENDED ACTION -
UNDER SOLVABILITY FACTORS

Follow Up By:

01. Investigation
 02. Juvenile
 03. I.A.U.
 04. I.I.U.
 05. Traffic
 06. Patrol

N/A

Outside Agency

07. F.B.I.
 08. Postal Inspector
 09. Mental Health
 10. Coast Guard
 11. Narcotics
 12. Social Welfare
 13. Other _____

N/A

102. CASE STATUS

01. Unfounded
 02. Closed/Aрест
 03. Exception/Cleared
 04. Suspended
 05. Open
 06. Closed

103. DISPATCH TIME 15:06

ARRIVAL TIME 16:01

DEPARTURE TIME 16:43

104. CODE: V - Victim O - Owner P - Parent/Guardian R - Reporting Person CP - Child Present W - Witness

| NAME(S) | CODE | RESIDENCE ADDRESS | RES. PHONE | EMPL/SCH/PHONE |
|----------------|------|-------------------|------------|----------------|
| Benta, Oakland | R | | | 340-642-7766 |
| | | | | |
| | | | | |
| | | | | |

105. NARRATIVE:

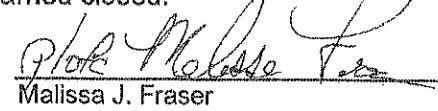
On today's date, September 3, 2011, my partner Police Officer J. Williams and I were dispatched at approximately 1506 hrs to a Police Assistance incident at #5 & 10 Shoys.

Upon our arrival at approximately 1601, contact was made with Mr. Oakland Benta who informed us that he was the one responsible for the property at #5 & 10 Shoys Christiansted owned by Mr. Jeffery Prosser. Mr. Benta stated that on July 29, 2011, inspectors from the Christie Group came by court order to inspect and transport the wine that was kept on said property at approximately 0930 hrs. Mr. Benta stated that the chilled room where the wine was kept was locked and secured until he unlocked it for the inspectors. Mr. Benta stated that he opened the room for the inspectors to "do what they had to" and he stepped outside. Mr. Benta stated that about fifteen (15) minutes after the inspectors finished, he stepped into the wine room and he immediately felt a temperature change. Mr. Benta further stated that he made a check of the room and noticed that the plug for the air conditioner was unplugged. Mr. Benta concluded saying that he immediately plugged back in the air conditioner and secured the room once again.

Mr. Benta stated that he would provide the names of the inspectors so that a supplement report can be written. I advised Mr. Benta that this was a civil matter and that it would have to be dealt with in civil court.

911 Emergency Call Center was notified of our findings.

Based on the above statement and observations, I request this case be carried closed.


Malissa J. Fraser

PM0118 SEP0711 VIPD Rec B